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| AMENDMENT TRANSMITTAL LETTER | | | | | Docket No. 04995/043001 | |
|---|---|---|-----------------------------------|----------|----------------------------|--|
| | | Filing I | 1 | Examiner | Art Unit | |
| 10/005,874-Conf. #7962 December | | 4, 2001 | V. R. Kostak | 2614 | | |
| Applicant(s): Take | ehiro Onomats | u | | | | |
| Invention: DIGITA | L/ANALOG TE | ELEVISION SI | GNAL RECE | VING SET | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| Total Claims | 6 | - 20 = | | x | | |
| Independent Claims | 2 | - 3 = | | x | | |
| Multiple Dependent Claims (check if applicable) | | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 120.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 120.00 | |
| x Large Entity Small Entity | | | | | | |
| No additional fee is required for this amendment. | | | | | | |
| Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. | | | | | | |
| A check in the amount of \$ to cover the filing fee is enclosed. | | | | | | |
| x Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| The Director is hereby authorized to charge and credit Deposit Account No50-0591 as described below. A duplicate copy of this sheet is enclosed. | | | | | | |
| x Credit any overpayment. | | | | | | |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | |
| 1 45.0.79 Dated: March 24. 2005 | | | | | | |
| Jonathan H Osha THOMAS SCHERER Dated: March 24, 2005 | | | | | | |
| Attorney Reg. No.: 33,986 | | | | | | |
| OSHA & MAY L.L.P. 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600 | | | | | | |
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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV562273127US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | | | | | | |
| Dated: March 24, 2005 Signature: (Yuki Tsukuda) | | | | | | |

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/005,874-Conf. #7962 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** December 4, 2001 FEE TRANSMITTA Filing Date Takehiro Onomatsu First Named Inventor For FY 2005 **Examiner Name** V. R. Kostak Applicant claims small entity status. See 37 CFR 1.27 2614 Art Unit 04995/043001 **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha & May L.L.P. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x | Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 250 Reissue 300 150 500 600 300 200 100 0 0 0 Provisional 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 360 Total Claims **Multiple Dependent Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims 2 -3= 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. Signature 33,986 Telephone (713) 228-8600 (Attorney/Agent) Name (Print/Type) # Jonathan P. Osha Date March 24, 2005 THOMAS SCHERER

| I becally applify that this powerpoordings in being described. | What I C Destal Cardes on Everson Mail Airbill No. EVEC0072407110 |
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| i nereby certify that this correspondence is being deposited w | ith the U.S. Postal Service as Express Mail, Airbill No. EV562273127US |
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| in an envelope addressed to: Commissioner for Patents, P.C. | Box 1450, Alexandria, VA 22313-1450, on the date shown below. |
| · / | |

Dated: March 24, 2005

Signature: ___

(Yuki Tsukuda)

MAR 2 4 2005